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<u>471-000-532 Nebraska Medicaid Managed Care and Fee-For Service Care Fee Schedule for Mental</u> Health and Substance Use Services

This fee schedule lists the procedure codes and rates for mental health and substance use services. Each procedure code is listed with the Medicaid fee schedule allowable for the type of provider. Payment is the lower of the fee schedule allowable or the provider's submitted charge. The provider's submitted charge must reflect their charge to the general public.

Procedure Code Descriptions:

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For CPT procedure code descriptions, refer to the most recently published edition of the American Medical Association's Current Procedural Terminology (CPT). CPT procedure code manuals are also available through private vendors.

HCPCS procedure codes are defined by the Centers for Medicare and Medicaid Services (CMS). For HCPCS procedure code definitions, refer to the CMS web site at http://www.cms.gov/ HCPCS procedure code manuals are available through private vendors.

NOTE: This appendix includes information for both Nebraska Medicaid "Fee-for-Service" (non-managed care) codes and Nebraska Medicaid Managed Care codes.

Providers must be specifically enrolled with Medicaid for each type of service they provide to a Medicaid fee-for-service client.

Providers must be specifically enrolled with Medicaid and credentialed with Magellan for each type of managed care service they provide.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology, Copyright 2012, by the American Medical Association (CPT). CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT numeric identifying codes for reporting medical services and procedures which are copyrighted by the American Medical Association.

Please call the Nebraska Medicaid Inquiry Line at 1-877-255-3092 (or 471-9128 in Lincoln) with questions about this Fee Schedule.

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
90791		Initial Diagnostic Interview	\$131.01	\$131.01	\$123.00	\$123.00			
90791	GT	Initial Diagnostic Interview (telehealth)	\$131.01	\$131.01	\$123.00	\$123.00			
		Initial Diagnostic Interview (with med							
90792		services)	\$131.01	\$131.01	\$123.00	\$123.00	Ć46 F0	646.50	644.05
90832		Individual psychotherapy - 30 min.	\$66.55	\$66.55	\$53.29	\$53.29	\$46.59	\$46.59	\$44.25
90832	U2	Individual psychotherapy - 30 min. (PRFC)	\$66.55	\$66.55	\$53.29	\$53.29		\$46.59	\$44.25
90832	U3	Individual psychotherapy - 30 min. (Day Treatment)	\$66.55	\$66.55	\$53.29	\$53.29		\$46.59	\$44.25
90832	U4	Individual psychotherapy -30 min. (IOP- Facility)	\$66.55	\$66.55	\$53.29	\$53.29		\$46.59	\$44.25
30032	04	Individual psychotherapy - 30 min. (IOP-	300.33	300.33	733.23	733.23		\$40.55	544.25
90832	U5	Home based)	\$66.55	\$66.55	\$53.29	\$53.29		\$46.59	\$44.25
90832	U6	Individual psychotherapy - 30 min. (ThGh)	\$66.55	\$66.55	\$53.29	\$53.29		\$46.59	\$44.25
90833		Individual psychotherapy - 30 min. + E/M code	\$59.54	\$59.54	\$41.56	\$41.56			
90833	GT	Individual psychotherapy - 30 min. + E/M code (telehealth)	\$59.54	\$59.54	\$41.99	\$41.99			
00022	U4	Individual psychotherapy - 30 min. (IOP- Facility) + E/M code	¢59.04	¢E9.04	¢41 E6	\$41.56			
90833	04	Individual psychotherapy - 30 min. (IOP-	\$58.94	\$58.94	\$41.56	\$41.50			
90833	U5	Home based) + E/M code	\$58.94	\$58.94	\$41.56	\$41.56			
90834		Individual psychotherapy - 45 min.	\$103.36	\$103.36	\$82.76	\$82.76	\$71.26	\$71.26	\$67.69
90834	HF	Individual psychotherapy - 45 min. (Adult substance use)			\$82.76	\$82.76	\$71.26	\$71.26	\$67.70
90834	U2	Individual psychotherapy - 45 min. (PRFC)	\$103.36	\$103.36	\$82.76	\$82.76		\$71.26	\$67.70
90834	U3	Individual psychotherapy - 45 min. (Day Treatment)	\$103.36	\$103.36	\$82.76	\$82.76		\$71.26	\$67.70
		Individual psychotherapy -45 min. (IOP-							
90834	U4	Facility)	\$103.36	\$103.36	\$82.76	\$82.76		\$71.26	\$67.70
90834	U5	Individual psychotherapy - 45 min. (IOP- Home based)	\$103.36	\$103.36	\$82.76	\$82.76		\$71.26	\$67.70
90834	U6	Individual psychotherapy - 45 min. (ThGh)	\$103.36	\$103.36	\$82.76	\$82.76		\$71.26	\$67.70
90836		Individual psychotherapy - 45 min. + E/M code	\$110.93	\$110.93	\$72.44	\$72.44			
90836	U4	Individual psychotherapy - 45 min. (IOP- Facility) + E/M code	\$110.57	\$110.57	\$72.44	\$72.44			
		Individual psychotherapy - 45 min. (IOP-				-			
90836 90837	U5	Home based) + E/M code Individual psychotherapy - 60 min.	\$110.57 \$154.13	\$110.57 \$154.13	\$72.44 \$123.42	\$72.44 \$123.42	\$107.89	\$107.89	\$102.50
30037			7154.15	7134.13	7123.42	Ϋ123.42	¥107.03	7107.03	7102.50
90837	U2	Individual psychotherapy - 60 min. (PRFC)	\$154.13	\$154.13	\$123.42	\$123.42		\$107.89	\$102.50
90837	U3	Individual psychotherapy - 60 min. (Day Treatment)	\$154.13	\$154.13	\$123.42	\$123.42		\$107.89	\$102.50
90837	U4	Individual psychotherapy - 60 min. (IOP- Facility)	\$154.13	\$154.13	\$123.42	\$123.42		\$107.89	\$102.50
90837	U5	Individual psychotherapy - 60 min. (IOP- Home based)	\$154.13	\$154.13	\$123.42	\$123.42		\$107.89	\$102.50
90837	U6	Individual psychotherapy - 60 min. (ThGh)	\$154.13	\$154.13	\$123.42	\$123.42		\$107.89	\$102.50
90838		Individual psychotherapy - 60 min. + E/M code	\$122.58	\$122.58	\$98.22	\$98.22			
90838	U4	Individual psychotherapy - 60 min. (IOP- Facility) + E/M code	\$111.85	\$111.85	\$98.22	\$98.22			
90838	U5	Individual psychotherapy - 60 min. (IOP- Home based) + E/M code	\$111.85	\$111.85	\$98.22	\$98.22			

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
90839		Individual psychotherapy - Crisis (1st hour)	\$124.52	\$124.52	\$99.70	\$99.70	\$86.52	\$86.52	\$82.20
90840		Individual psychotherapy - Crisis (additional 30 min./ add to 90839)	\$50.77	\$50.77	\$40.65	\$40.65	\$36.64	\$36.64	\$34.80
90846		Family psychotherapy (w/o client present) - office	\$116.28	\$116.28	\$83.66	\$83.66	\$83.66	\$83.66	\$81.55
90846	НА	Family psychotherapy (w/o client present) - home based	\$118.61	\$118.61	\$86.48	\$86.48	,	\$86.48	\$84.38
90846	HF	Family psychotherapy (w/o client present) - Adult substance use	Ψ110.01	\$83.68	\$83.68	\$83.68	\$83.68	\$83.68	\$81.60
	U2	Family psychotherapy (w/o client present) - PRFC	¢116 20				703.00		
90846	UZ	Family psychotherapy (w/o client present) -	\$116.28	\$116.28	\$83.66	\$83.66		\$83.66	\$81.55
90846	U3	Day Treatment Family psychotherapy (w/o client present) -	\$116.28	\$116.28	\$83.66	\$83.66		\$83.66	\$81.55
90846	U4	IOP - Facility based	\$116.28	\$116.28	\$83.66	\$83.66		\$83.66	\$81.55
90846	U5	Family psychotherapy (w/o client present) - IOP - Home based	\$116.28	\$116.28	\$83.66	\$83.66		\$83.66	\$81.55
90846	U6	Family psychotherapy (w/o client present) - ThGh	\$116.28	\$116.28	\$83.66	\$83.66		\$83.66	\$81.55
90847		Family psychotherapy (with client present)	\$121.92	\$121.92	\$97.63	\$97.63	\$85.35	\$85.35	\$81.08
90847	ET	Family psychotherapy (with client present) - Crisis	\$121.92	\$121.92	\$97.63	\$97.63	\$85.35	\$85.35	\$81.08
90847	НА	Family psychotherapy (with client present) - Home based	\$124.17	\$124.17	\$100.25	\$100.25		\$88.15	\$83.95
90847	HF	Family psychotherapy (with client present) - Adult substance use			\$96.16	\$96.16	\$85.35	\$85.35	\$81.08
90847	U2	Family psychotherapy (with client present) - PRFC	\$121.92	\$121.92	\$97.63	\$97.63	•	\$85.35	\$85.35
90847	U3	Family psychotherapy (with client present) - Day Treatment	\$121.92	\$121.92	\$97.63	\$97.63	\$85.35	\$85.35	\$85.35
		Family psychotherapy (with client present) -					\$65.55		
90847	U4	IOP - Facility based Family psychotherapy (with client present) -	\$121.92	\$121.92	\$97.63	\$97.63		\$85.35	\$81.08
90847	U5	IOP - Home based Family psychotherapy (with client present) -	\$121.92	\$121.92	\$97.63	\$97.63		\$85.35	\$81.08
90847	U6	ThGh	\$121.92	\$121.92	\$97.63	\$97.63		\$85.35	\$81.08
90847	U7	Parent Child Interaction Therapy (PCIT)	\$121.92	\$121.92	\$97.63	\$97.63	\$85.35	\$85.35	\$81.08
90847	U8	Child-Parent Psychotherapy (CPP)	\$121.92	\$121.92	\$97.63	\$97.63	\$85.35	\$85.35	\$81.08
90853		Group psychotherapy	\$36.84	\$36.84	\$29.49	\$29.49	\$25.40	\$25.40	\$24.50
90853	U2	Group psychotherapy - PRFC	\$36.84	\$36.84	\$29.49	\$29.49	4	\$25.40	\$24.50
90853	U3	Group psychotherapy - Day Treatment Group psychotherapy - IOP - Facility based	\$36.84	\$36.84	\$29.49	\$29.49	\$25.40	\$25.40	\$24.50
90853	U4		\$36.84	\$36.84	\$29.49	\$29.49		\$25.40	\$24.50
90853	U6	Groupt psychotherapy - ThGh	\$36.84	\$36.84	\$29.49	\$29.49	\$25.40	\$25.40	\$24.50
		Electroconvulsive Therapy - ECT (Includes	4	4					
90870		Necessary Monitoring)	\$55.91	\$55.91	455 : :	400	A	A	A.c.= 1
90887		Conference regarding client treatment	\$27.80	\$27.80	\$22.44	\$22.44	\$17.00	\$17.00	\$16.56
90887	U5	In-home Conf. regarding client treatment	\$27.38	\$27.38	\$22.44	\$22.44	\$16.75	\$16.75	\$16.32
96101		Psychological Testing - 1 hour							
96101	52	Psychological Testing - 1/2 hour		4.	4.				
96372		Therapeutic Injection	\$9.75	\$9.75	\$9.75	\$9.75			
99211		Established patient Evaluation/Management - office or outpatient visit	\$31.42	\$31.42	\$28.01	\$28.01			
99212		Established patient Evaluation/Management - office or outpatient visit (focused)	\$47.37	\$47.37	\$40.27	\$40.27			

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
99213		Established patient Evaluation/Management - office or outpatient visit (low complexity)	\$62.87	\$62.87	\$53.45	\$53.45			
99214		Established patient Evaluation/Management - office or outpatient visit (moderate complexity)	\$86.30	\$86.30	\$73.35	\$73.35			
99215		Established patient Evaluation/Management - office or outpatient visit (high complexity)	\$86.35	\$86.35	\$73.40	\$73.40			
99221		Initial inpatient hospital care - per day Evaluation/Management (low complexity)	\$48.17	\$48.17	\$40.94	\$40.94			
99222		Initial inpatient hospital care - per day Evaluation/Management (moderate complexity)	\$74.13	\$74.13	\$63.02	\$63.02			
99223		Initial inpatient hospital care - per day Evaluation/Management (high complexity)	\$91.02	\$91.02	\$77.37	\$77.37			
99231		Subsequent inpatient hospital care - per day Evaluation/Management (focused)	\$29.65	\$29.65	\$25.20	\$25.20			
99232		Subsequent inpatient hospital care - per day Evaluation/Management (expanded)	\$44.42	\$44.42	\$37.75	\$37.75			
99233		Subsequent inpatient hospital care - per day Evaluation/Management (detailed)	\$52.78	\$52.78	\$44.87	\$44.87			
99241		Office Consultation outpatient (focused)	\$46.51	\$46.51	\$39.54	\$39.54			
99242		Office Consultation outpatient (expanded) Office Consultation outpatient (detailed)	\$53.90	\$53.90	\$45.81	\$45.81			
99243		Office Consultation outpatient (comprehensive - moderate complexity)	\$87.74 \$96.82	\$87.74	\$74.58	\$74.58 \$82.30			
99245		Office Consultation outpatient (comprehensive - high complexity)	\$96.82	\$96.82	\$82.30	\$82.30			
99251		Inpatient Consultation (focused)	\$49.36	\$49.36	\$41.95	\$41.95			
99252		Inpatient Consultation (expanded)	\$61.75	\$61.75	\$52.48	\$52.48			
99253		Inpatient Consultation (detailed) Inpatient Consultation (comprehensive -	\$88.53	\$88.53	\$75.25	\$75.25			
99254		moderate complexity) Inpatient Consultation (comprehensive - high	\$104.26	\$104.26	\$88.82	\$88.82			
99255 H0001		complexity) Substance Use Assessment	\$118.00 \$221.86	\$118.00 \$221.86	\$100.29 \$184.89	\$100.29 \$184.89		\$184.89	
H0001	52	Substance Use Assessment - Addendum	\$66.14	\$66.14	\$66.14	\$66.14		\$66.14	
H0002		Bio-psychosocial Assessment	\$221.86	\$221.86	\$184.89	\$184.89	\$184.89	\$184.89	\$180.15
H0002	52	Bio-psychosocial Assessment - Addendum	\$66.14	\$66.14	\$66.14	\$66.14	\$66.14	\$66.14	\$64.43
H0005	AH	Group Therapy - Adult Substance Use Annual Supervision Assessment by Psychologist			\$25.21	\$25.21	\$24.84	\$25.21	\$24.56
H0031	НО	Initial Diagnostic Interview by LIMHP							
H0031	52	Annual Supervision Assessment by LIMHP							
H0046		Client Assistance Program (CAP) services	\$65.12	\$65.12	A=	A=	A=	\$65.12	\$63.46
H1011		Family Assessment	\$70.55	\$70.55	\$70.55	\$70.55	\$70.55	\$70.55	\$68.74
H2000	НА	Addendum - Sexual Offending Risk Assessment for clients age 20 and under	\$261.25	\$261.25	\$257.29	\$257.29	\$257.29	\$257.29	\$254.55

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES Managed Care - Providers

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
		Sexual Offending Risk Assessment for clients							
H2000	SK	age 20 and under	\$524.47	\$524.47	\$524.47	\$524.47	\$524.47	\$524.47	\$511.01
J0400		Injection - Aripiprazole 0.25 mg (Abilify)	\$0.34	\$0.34	\$0.34	\$0.34			
J1630		Injection - Haloperidol - up to 5mg (Haldol)	\$2.27	\$2.27	\$2.27	\$2.27			
J1631		Injection - Haloperidol Decanoate - per 50mg (Haldol Decanoate)	\$3.89	\$3.89	\$3.89	\$3.89			
		Injection - Fluphenazine Decanoate - up to							
J2680		25mg (Prolixin Decanoate)	\$3.04	\$3.04	\$3.04	\$3.04			
S0166		Injection - Olanzapine 2.5mg (Zyprexa)	\$7.27	\$7.27	\$7.27	\$7.27			
T1013		Oral Interpretive Service (15 min.)	\$6.99	\$6.99	\$6.99	\$6.99		\$6.99	\$6.81
T1013	SC	Sign Language Service (15 min.)	\$9.80	\$9.80	\$9.80	\$9.80		\$9.80	\$9.55

			38 PhD	1	57 PhD				
CPT Code	Modifier	Description	CAND	39 LIMHP	PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
90791		Initial Diagnostic Interview			\$88.03		\$88.03	\$101.72	
90791	GT	Initial Diagnostic Interview (telehealth)			\$88.03		\$88.03	\$101.72	
		Initial Diagnostic Interview (with med							
90792		services)	*	4					
90832		Individual psychotherapy - 30 min.	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90832	U2	Individual psychotherapy - 30 min. (PRFC)	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90832	U3	Individual psychotherapy - 30 min. (Day Treatment)	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90832	U4	Individual psychotherapy -30 min. (IOP-Facility)	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90032	04	Individual psychotherapy - 30 min. (IOP-	344.23	\$40.33	\$32.00		\$32.00	333.43	340.33
90832	U5	Home based)	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90832	U6	Individual psychotherapy - 30 min. (ThGh)	\$44.25	\$46.59	\$52.66		\$52.66	\$55.43	\$46.59
90833		Individual psychotherapy - 30 min. + E/M code							
00000	6 T	Individual psychotherapy - 30 min. + E/M							
90833	GT	code (telehealth) Individual psychotherapy - 30 min. (IOP-							
90833	U4	Facility) + E/M code							
00022	115	Individual psychotherapy - 30 min. (IOP-							
90833 90834	U5	Home based) + E/M code Individual psychotherapy - 45 min.	\$67.69	\$71.26	\$81.78		\$81.78	\$86.08	\$71.26
30034		Individual psychotherapy - 45 min. (Adult	\$07.03	\$71.20	701.70		Ç01.70	700.00	7/1.20
90834	HF	substance use)	\$67.70	\$71.26	\$81.78	\$67.70	\$81.78	\$86.08	\$71.26
90834	U2	Individual psychotherapy - 45 min. (PRFC)	\$67.70	\$71.26	\$81.78		\$81.78	\$86.08	\$71.26
90834	U3	Individual psychotherapy - 45 min. (Day Treatment)	\$67.70	\$71.26	\$81.78		\$81.78	\$86.08	\$71.26
		Individual psychotherapy -45 min. (IOP-							
90834	U4	Facility)	\$67.70	\$71.26	\$81.78		\$81.78	\$86.08	\$71.26
90834	U5	Individual psychotherapy - 45 min. (IOP- Home based)	\$67.70	\$71.26	\$81.78		\$81.78	\$86.08	\$71.26
90834	U6	Individual psychotherapy - 45 min. (ThGh)	\$67.70	\$71.26	\$81.78		\$81.78	\$86.08	\$71.26
90836		Individual psychotherapy - 45 min. + E/M code							
20030		Individual psychotherapy - 45 min. (IOP-							
90836	U4	Facility) + E/M code							
		Individual psychotherapy - 45 min. (IOP-							
90836	U5	Home based) + E/M code	1						
90837		Individual psychotherapy - 60 min.	\$102.50	\$107.89	\$121.94		\$121.94	\$128.36	\$107.89
90837	U2	Individual psychotherapy - 60 min. (PRFC)	\$102.50	\$107.89	\$121.94		\$121.94	\$128.36	\$107.89
		Individual psychotherapy - 60 min. (Day	,	, 131.03	,		,		,
90837	U3	Treatment)	\$102.50	\$107.89	\$121.94		\$121.94	\$128.36	\$107.89
90837	U4	Individual psychotherapy - 60 min. (IOP- Facility)	\$102.50	\$107.89	\$121.94		\$121.94	\$128.36	\$107.89
90837	U5	Individual psychotherapy - 60 min. (IOP- Home based)	\$102.50	\$107.89	\$121.94		\$121.94	\$128.36	\$107.89
90837	U6	Individual psychotherapy - 60 min. (ThGh)	\$102.50	\$107.89	\$121.94		\$121.94	\$128.36	\$107.89
30037	00	Individual psychotherapy - 60 min. + E/M	\$102.50	7101.69	γ121.94		71.54	7140.30	93.701 ب
90838		code	<u> </u>	<u> </u>					
90838	U4	Individual psychotherapy - 60 min. (IOP- Facility) + E/M code							
		Individual psychotherapy - 60 min. (IOP-							
90838	U5	Home based) + E/M code							

CPT Code	Modifier	Description	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
90839		Individual psychotherapy - Crisis (1st hour)		\$86.52	\$98.52	\$82.20	\$98.52	\$103.70	\$86.52
90840		Individual psychotherapy - Crisis (additional 30 min./ add to 90839)		\$40.19	\$40.16	\$34.80	\$40.16	\$42.28	\$36.64
		Family psychotherapy (w/o client present) -		4	4		4		4
90846		office		\$83.66	\$90.63		\$90.63	\$93.01	\$83.66
90846	НА	Family psychotherapy (w/o client present) - home based	\$84.38	\$86.48	\$93.35		\$93.35	\$95.70	\$86.48
90846	HF	Family psychotherapy (w/o client present) - Adult substance use		\$83.68	\$90.70	\$81.60	\$90.70	\$93.03	\$83.68
90846	U2	Family psychotherapy (w/o client present) - PRFC	\$83.66	\$83.66	\$90.63		\$90.63	\$93.01	\$83.66
		Family psychotherapy (w/o client present) -							
90846	U3	Day Treatment	\$83.66	\$83.66	\$90.63		\$90.63	\$93.01	
90846	U4	Family psychotherapy (w/o client present) - IOP - Facility based	\$83.66	\$83.66	\$90.63		\$90.63	\$93.01	\$83.66
90846	U5	Family psychotherapy (w/o client present) - IOP - Home based	\$83.66	\$83.66	\$90.63		\$90.63	\$93.01	\$83.66
90846	U6	Family psychotherapy (w/o client present) - ThGh	\$83.66	\$83.66	\$90.63		\$90.63	\$93.01	\$83.66
90847		Family psychotherapy (with client present)	·	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
		Family psychotherapy (with client present) -			•				•
90847	ET	Crisis Family psychotherapy (with client present) -		\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	НА	Home based	\$83.95	\$88.15	\$99.10		\$99.10	\$100.01	
90847	HF	Family psychotherapy (with client present) - Adult substance use		\$85.35	\$95.01	\$81.08	\$95.01	\$100.01	\$85.35
90847	U2	Family psychotherapy (with client present) - PRFC	\$81.08	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	U3	Family psychotherapy (with client present) - Day Treatment	\$81.08	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
30017	- 03	Family psychotherapy (with client present) -		Ç03.33	ψ33.01		\$33.01	Ψ100.01	•
90847	U4	IOP - Facility based Family psychotherapy (with client present) -	\$85.35	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	U5	IOP - Home based	\$85.35	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	U6	Family psychotherapy (with client present) -	\$85.35	\$85.35	\$95.01		\$95.01	\$100.01	\$85.35
90847	U7	ThGh Parent Child Interaction Therapy (PCIT)	\$63.33	\$85.35	\$95.01		\$95.01	\$100.01	303.33
90847	U8	Child-Parent Psychotherapy (CPP)		\$85.35	\$95.01		\$95.01	\$100.01	
90853		Group psychotherapy		\$25.40	\$29.14		\$29.14	\$30.68	\$25.40
90853	U2	Group psychotherapy - PRFC	\$25.40	\$25.40	\$29.14		\$29.14	\$30.68	\$25.40
90853	U3	Group psychotherapy - Day Treatment	\$25.40	\$25.40	\$29.14		\$29.14	\$30.68	\$25.40
90853	U4	Group psychotherapy - IOP - Facility based	\$25.40	\$25.40	\$29.14		\$29.14	\$30.68	\$25.40
90853	U6	Groupt psychotherapy - ThGh	\$25.40	\$25.40	\$29.14		\$29.14	\$30.68	\$25.40
		Electroconvulsive Therapy - ECT (Includes							
90870		Necessary Monitoring)		4	4		4	4	
90887		Conference regarding client treatment		\$17.00	\$16.68		\$16.68	\$22.78	\$17.00
90887	U5	In-home Conf. regarding client treatment		\$16.75	\$16.43		\$16.43	\$22.44	\$16.75
96101		Psychological Testing - 1 hour			\$87.58			\$89.89	
96101	52	Psychological Testing - 1/2 hour			\$43.69			\$44.85	
96372		Therapeutic Injection							
99211		Established patient Evaluation/Management - office or outpatient visit							
		Established patient Evaluation/Management -							_
99212		office or outpatient visit (focused)							

CPT Code	Modifier	Description	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
99213		Established patient Evaluation/Management - office or outpatient visit (low complexity)							
99214		Established patient Evaluation/Management - office or outpatient visit (moderate complexity)							
99215		Established patient Evaluation/Management - office or outpatient visit (high complexity)							
99221		Initial inpatient hospital care - per day Evaluation/Management (low complexity)							
99222		Initial inpatient hospital care - per day Evaluation/Management (moderate complexity)							
99223		Initial inpatient hospital care - per day Evaluation/Management (high complexity)							
99231		Subsequent inpatient hospital care - per day Evaluation/Management (focused)							
99232		Subsequent inpatient hospital care - per day Evaluation/Management (expanded)							
99233		Subsequent inpatient hospital care - per day Evaluation/Management (detailed)							
99241		Office Consultation outpatient (focused)							
99242		Office Consultation outpatient (expanded)							
99243		Office Consultation outpatient (detailed)							
99244		Office Consultation outpatient (comprehensive - moderate complexity)							
99245		Office Consultation outpatient (comprehensive - high complexity)							
99251		Inpatient Consultation (focused)							
99252		Inpatient Consultation (expanded)							
99253		Inpatient Consultation (detailed)							
99254		Inpatient Consultation (comprehensive - moderate complexity)							
99255		Inpatient Consultation (comprehensive - high complexity)							
H0001		Substance Use Assessment		\$184.89	\$216.18		\$216.18	\$221.86	\$184.89
H0001	52	Substance Use Assessment - Addendum		\$66.14	\$64.43		\$64.43	\$66.14	\$66.14
H0002		Bio-psychosocial Assessment		\$184.89	\$216.17		\$216.17	\$221.86	
H0002	52	Bio-psychosocial Assessment - Addendum		\$66.14	\$64.43		\$64.43	\$66.14	
H0005		Group Therapy - Adult Substance Use	\$24.56	\$25.21	\$32.74	\$24.56	\$32.74	\$33.60	\$25.21
		Annual Supervision Assessment by							
H0031 H0031	AH HO	Psychologist Initial Diagnostic Interview by LIMHP		\$79.35				\$82.40	
H0031	52	Annual Supervision Assessment by LIMHP		\$60.90					
H0046		Client Assistance Program (CAP) services		\$65.12	\$63.46	\$63.46	\$63.46	\$65.12	\$65.12
H1011		Family Assessment		\$70.55	\$68.74		\$68.74	\$70.55	
H2000	НА	Addendum - Sexual Offending Risk Assessment for clients age 20 and under		\$261.25	\$254.55		\$254.55	\$261.25	

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES Managed Care - Providers

CPT Code	Modifier	Description	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
		Sexual Offending Risk Assessment for clients							
H2000	SK	age 20 and under		\$524.47	\$511.01		\$511.01	\$524.47	
J0400		Injection - Aripiprazole 0.25 mg (Abilify)							
J1630		Injection - Haloperidol - up to 5mg (Haldol)							
		Injection - Haloperidol Decanoate - per 50mg							
J1631		(Haldol Decanoate)							
		Injection - Fluphenazine Decanoate - up to							
J2680		25mg (Prolixin Decanoate)							
S0166		Injection - Olanzapine 2.5mg (Zyprexa)							
T1013		Oral Interpretive Service (15 min.)		\$6.99	\$6.81	\$6.81	\$6.81	\$6.99	\$6.99
T1013	SC	Sign Language Service (15 min.)		\$9.80	\$9.55	\$9.55	\$9.55	\$9.80	\$9.80

CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	35 MH Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab
		Family psychotherapy (w/o client present) -					· · · · · · · · · · · · · · · · · · ·			
90846	U3	Day Treatment								
		Electroconvulsive Therapy - ECT (Includes								
90870		Necessary Monitoring)	\$110.27							
96372		Therapeutic Injection	\$9.75	\$9.75	\$9.75					\$9.75
		Adult Substance Use - Sub-acute								1
H0010		Detoxification (inpatient residential addiction program) - ASAM Level III. 7-D								1
H0010		. • ,								
		Adult Substance Use - Sub-acute								1
110043		Detoxification (residential addiction program								1
H0012		outpatient) - ASAM Level III. 2-D Adult Substance Use - Ambulatory								
H0014		Detoxification - ASAM Level II -D								1
110014										
		Adult Substance Use - Intensive Outpatient								1
		(IOP)- dual diagnosis capable - ASAM Level II.								1
H0015		1 (Per hour rate)								
		Adult Substance Use - Short-Term Non-								
		hospital Residential Treatment Program -dual								1
		diagnosis capable - ASAM High residential								1
H0018	HF	Level III.5 (per diem) W/O room & board								
		, , ,								
		Adult Substance Use - Non-hosptial								1
		Residential Treatment Program - dual								1
		diagnosis capable - ASAM High residential								
H0018	НН	Level III.5 (per diem) W/O room & board								
		Adult Substance Use - Long-term Residential								
		>30 days - dual diagnosis capable - ASAM								1
		Medium residential Level III.3 (per diem) W/O								1
H0019		room & board								
		Adult Substance Use - Long-term Residential								1
		Treatment Program - dual diagnosis capable -								
H0010	тт	ASAM Medium residential Level III.3 (per								1
H0019	TT	diem) Adult Substance Use - Parital Hospitalization								
		Treatment > 24 hours - ASAM Level II.5 (per								1
H0035		diem)								
		Community Treatment Aide (CTA) (per 15								
H0036		min.)		\$11.04	\$11.04		\$11.04			1
		Assertive Community Treatment Program								
H0040		(ACT) - (MRO) (per diem)						\$44.55		
		(Alternate) Assertive Community Treatment								1
H0040	52	Program (ACT) - (MRO) (per diem)						\$41.88		
		Comprehensive Multidisciplinary Evaluation		44 004 60	64 004 60					
H2000		(CCAA)		\$1,004.69	\$1,004.69					
		Comprehensive Multidisciplinary Evaluation								
H2000	U1	(CCAA) - room & board 3 unit max.		\$166.39	\$166.39					
112300	01	Comprehensive Multidisciplinary Evaluation		7100.55	7100.55					
H2000	52	(CCAA) - Addendum		\$459.50	\$459.50					
		Partial Hospitalization - minimum 6 units (per		, .23.33	,					
H2012		hour rate)	\$42.37							
		Partial Hospitalization - maximum 3 units (per								
H2012	52	hour rate)	\$42.37			<u> </u>		<u> </u>		
		Partial Hospitalization - minimum 6 units (per			-					
H2012		hour rate)								

CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	35 MH Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab
112042		Psychiatric Residential Treatment Facility	620C F.C							
H2013		(PRTF) Hospital- Based (per diem)	\$396.56							
H2013	UA	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD:Home (per diem)	\$396.56							
		Psychiatric Residential Treatment Facility								
		(PRTF) Hospital- Based: TLD: ICD-Psych (per								,
H2013	UB	diem)	\$396.56							
		Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD: ICD-Med/Surg								
H2013	UC	(per diem)	\$396.56							
2015		Intensive Outpatient (IOP) - Direct Care Staff	φυσυ.συ							
H2014		(rate per 15 min.)		\$7.07	\$7.07					
		Community Support Services - mental health -								
H2015	HE	(MRO) (rate per 15 min.)							\$20.45	
		Community Support Services - substance use								
H2015	HF	(MRO) (rate per 15 min.)								
H2017		Day Rehabilitation Services - (MRO) - minimum 12 units - (rate per 15 min.)								\$2.26
П2017		Day Rehabilitation Services - full day - (MRO) -								\$2.20
H2018		(per diem)								\$54.44
		Secure Residential Rehabilitation Services -								
H2018	НК	(MRO) - (per diem)								
		Residential Rehabilitation Services - (MRO) -								
H2018	TG	(per diem)								
112020		Therapoutic Croup Home (ThCH) (nor diam)								
H2020		Therapeutic Group Home (ThGH) (per diem) Therapeutic Group Home (ThGH): TLD: Home								
H2020	UA	(per diem)								
	07.	Therapeutic Group Home (ThGH): TLD: ICD-								
H2020	UB	Psych (per diem)								
		Therapeutic Group Home (ThGH): TLD: ICD-								
H2020	UC	Med/Surg (per diem)								
112027		Day Treatment - Direct Care Staff (rate per 15								
H2027		min unit) Adult Substance Use - Halfway House - ASAM								
H2034		Level III.1 (per diem)								
		· · ·	60.24							
J0400		Injection - Aripiprazole 0.25 mg (Abilify)	\$0.34							
J1630		Injection - Haloperidol - up to 5mg (Haldol)	\$2.27	\$2.27	\$2.27	\$2.27				,
72000		Injection - Haloperidol Decanoate - per 50mg	Ψ=.=?	Ψ-1-7	Ψ	Ψ2.27				
J1631		(Haldol Decanoate)	\$3.89	\$3.89	\$3.89	\$3.89				
		Injection - Fluphenazine Decanoate - up to								
J2680		25mg (Prolixin Decanoate)	\$3.04	\$3.04	\$3.04	\$3.04				
12.426		Paliperidone Palmitate 1mg (Invega) by								
J2426 J2315		Invoice Naltrexone Depot 1mg (Vivitrol) Invoice						-		
12313		Transferonce Depot Ting (vivition) invoice						<u> </u>		
J2794		Risperidone, 0.5mg (Risperdal Consta) Invoice								
S0166		Injection - Olanzapine 2.5mg (Zyprexa)	\$7.27	\$7.27	\$7.27	\$7.27				
S9123		In-home Nursing Care (per hour)				\$34.37				
		Adult Intensive Outpatient (IOP) - 3 hour						1		
S9480		minimum (per diem)	\$101.07	\$101.07	\$101.07					
S9484		Observation Room 1-8 hrs. (hourly)	\$33.79							
S9484		Observation Room 9-16 hrs. (hourly)	\$27.07							
S9484		Observation Room 17-23:59 hrs. (hourly)	\$6.73							İ

CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	35 MH Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab
		Crisis Intervention Mental Health Services								
S9485		(per diem) Tier 1	\$347.50							
CO 405		Crisis Intervention Mental Health Services	¢225.05							
S9485		(per diem) Tier 2 Crisis Intervention Mental Health Services	\$335.85							
S9485		(per diem) Tier 3	\$324.64							
33 103		Crisis Intervention Mental Health Services	Ψ32 1.0 1							
S9485		(per diem) Tier 4	\$313.45							
T1013		Oral Interpretive Service (rate per 15 min.)		\$6.99	\$6.99					
T1013	SC	Sign Language Service (rate per 15 min.)		\$9.80	\$9.80					
T1014		Telehealth transmission (per minute)	\$ 0.08	\$ 0.08	\$ 0.08					
		Professional Resource Family Care (PRFC) -								
T1027		Direct Care Staff (per diem)								
T1027	UA	Professional Resource Family Care (PRFC) - therapeutic leave day home (per diem)								
T1027	UB	Professional Resource Family Care (PRFC) - therapuetic leave day psych (per diem)								
.1027		Professional Resource Family Care (PRFC) -								
T1027	UC	therapuetic leave day (per diem)								
		Psychiatric Residential Treatment Facility								
T2033		(PRTF) - Specialty (per diem)								
		Psychiatric Residential Treatment Facility								
T2033	UA	(PRTF) - Specialty: TLD:Home (per diem)								
		Psychiatric Residential Treatment Facility								
T2033	UB	(PRTF) - Specialty: TLD: ICD-Psych (per diem)								
		Psychiatric Residential Treatment Facility								
T2033	UC	(PRTF) - Specialty: TLD: ICD-Med/Surg (per diem)								
12033	UC	Psychiatric Residential Treatment Facility								
		(PRTF) - Community Based - Non-Specialty								
T2048		(per diem)								
		Psychiatric Residential Treatment Facility								
		(PRTF) - Community Based - Non-Specialty:								
T2048	UA	TLD:Home (per diem)								
		Psychiatric Residential Treatment Facility								
T2048	UB	(PRTF) - Community Based - Non-Specialty: TLD: ICD-Psych (per diem)								
12046	ОВ	, , ,								
		Psychiatric Residential Treatment Facility								
T2048	UC	(PRTF) - Community Based - Non-Specialty: TLD: ICD-Med/Surg (per diem)								
12046	UC	Acute Inpatient Hospitalization per diem Days								
		1-2	\$699.58							
		Acute Inpatient Hospitalization per diem Days								
		3-4	\$646.99							
		Acute Inpatient Hospitalization per diem Days 5-6	\$617.29							
		Acute Inpatient Hospitalization per diem Days 7+	\$587.91							
		Sub-Acute Inpatient Hospitalization (per diem)	\$521.68							

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6005		DESCRIPTION	46 Res	47 Sub	77 Day	79 Treat	04 71 01	06 0050	07.0075
CODE	MOD	DESCRIPTION	Rehab	Use	Treat	Crisis	81 ThGh	86 PRFC	87 PRTF
				Center					
		Family psychotherapy (w/o client present) -							
90846	U3	Day Treatment			\$83.66				
		Electroconvulsive Therapy - ECT (Includes							
90870		Necessary Monitoring)							
96372		Therapeutic Injection	\$9.75	\$9.75					
		Adult Substance Use - Sub-acute							
		Detoxification (inpatient residential addiction							
H0010		program) - ASAM Level III. 7-D		\$286.31					
		Adult Substance Use - Sub-acute							
		Detoxification (residential addiction program							
H0012		outpatient) - ASAM Level III. 2-D		\$171.78					
		Adult Substance Use - Ambulatory							
H0014		Detoxification - ASAM Level II -D		\$121.39					
		Add to Collections I lead to the Collection of							
		Adult Substance Use - Intensive Outpatient							
		(IOP)- dual diagnosis capable - ASAM Level II.		40=00					
H0015		1 (Per hour rate)		\$27.22					
		Adult Substance Use - Short-Term Non-							
		hospital Residential Treatment Program -dual							
		diagnosis capable - ASAM High residential							
H0018	HF	Level III.5 (per diem) W/O room & board		\$185.59					
		Adult Substance Use - Non-hosptial							
		Residential Treatment Program - dual							
		diagnosis capable - ASAM High residential							
H0018	НН	Level III.5 (per diem) W/O room & board		\$211.76					
		Adult Substance Use - Long-term Residential							
		>30 days - dual diagnosis capable - ASAM							
		Medium residential Level III.3 (per diem) W/O							
H0019		room & board		\$152.66					
		Adult Substance Use - Long-term Residential							
		Treatment Program - dual diagnosis capable -							
		ASAM Medium residential Level III.3 (per							
H0019	TT	diem)		\$137.34					
		Adult Substance Use - Parital Hospitalization		7-01101					
		Treatment > 24 hours - ASAM Level II.5 (per							
H0035		diem)		\$72.64					
110033		Community Treatment Aide (CTA) (per 15		Ψ7 2.0 1					
H0036		min.)							
110030		Assertive Community Treatment Program							
H0040		(ACT) - (MRO) (per diem)							
110040		(ACT) (WINO) (per dieiff)							
		(Alternate) Assertive Community Treatment							
H0040	52	Program (ACT) - (MRO) (per diem)							
HUU4U	32							-	
ПЗООС		Comprehensive Multidisciplinary Evaluation							
H2000		(CCAA)							
		Community National Community 5 1 2							
112222		Comprehensive Multidisciplinary Evaluation							
H2000	U1	(CCAA) - room & board 3 unit max.							
		Comprehensive Multidisciplinary Evaluation							
H2000	52	(CCAA) - Addendum							
		Partial Hospitalization - minimum 6 units (per							
H2012		hour rate)							
		Partial Hospitalization - maximum 3 units (per]	
H2012	52	hour rate)		\$42.37			<u> </u>	<u> </u>	<u> </u>
		Partial Hospitalization - minimum 6 units (per							
H2012		hour rate)							
		· ·			•				

CODE	MOD	DESCRIPTION	46 Res Rehab	47 Sub Use Center	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
		Psychiatric Residential Treatment Facility							
H2013		(PRTF) Hospital- Based (per diem)							
		Psychiatric Residential Treatment Facility							
H2013	UA	(PRTF) Hospital- Based: TLD:Home (per diem)							
		Psychiatric Residential Treatment Facility							
		(PRTF) Hospital- Based: TLD: ICD-Psych (per							
H2013	UB	diem)							
		Psychiatric Residential Treatment Facility							
112040		(PRTF) Hospital- Based: TLD: ICD-Med/Surg							
H2013	UC	(per diem) Intensive Outpatient (IOP) - Direct Care Staff							
H2014		(rate per 15 min.)							
112011		Community Support Services - mental health -							
H2015	HE	(MRO) (rate per 15 min.)							
		Community Support Services - substance use -							
H2015	HF	(MRO) (rate per 15 min.)		\$20.45					
		Day Rehabilitation Services - (MRO) -							
H2017	1	minimum 12 units - (rate per 15 min.)							
H2018		Day Rehabilitation Services - full day - (MRO) - (per diem)							
П2018		Secure Residential Rehabilitation Services -							
H2018	НК	(MRO) - (per diem)	\$337.29						
		Residential Rehabilitation Services - (MRO) -	,						
H2018	TG	(per diem)	\$111.35						
H2020		Therapeutic Group Home (ThGH) (per diem)					\$158.74		
112020		Therapeutic Group Home (ThGH): TLD: Home					Ć1E0 74		
H2020	UA	(per diem) Therapeutic Group Home (ThGH): TLD: ICD-					\$158.74		
H2020	UB	Psych (per diem)					\$158.74		
		Therapeutic Group Home (ThGH): TLD: ICD-					,		
H2020	UC	Med/Surg (per diem)					\$158.74		
		Day Treatment - Direct Care Staff (rate per 15							
H2027		min unit)			\$11.04				
H2034		Adult Substance Use - Halfway House - ASAM Level III.1 (per diem)		\$63.10					
				\$05.10					
J0400		Injection - Aripiprazole 0.25 mg (Abilify)							
J1630		Injection - Haloperidol - up to 5mg (Haldol)							
71030		Injection - Haloperidol - up to Sing (Haldon) Injection - Haloperidol Decanoate - per 50mg							
J1631	L	(Haldol Decanoate)							
		Injection - Fluphenazine Decanoate - up to							
J2680		25mg (Prolixin Decanoate)							
12.42.5		Paliperidone Palmitate 1mg (Invega) by							
J2426 J2315	1	Invoice Naltrexone Depot 1mg (Vivitrol) Invoice							
12313	 	Invariance pehor Tills (Amirion) invoice							
J2794		Risperidone, 0.5mg (Risperdal Consta) Invoice							
S0166		Injection - Olanzapine 2.5mg (Zyprexa)	\$7.27						
S9123		In-home Nursing Care (per hour)							
		Adult Intensive Outpatient (IOP) - 3 hour							
S9480		minimum (per diem)							
S9484		Observation Room 1-8 hrs. (hourly)				\$33.79		-	
S9484		Observation Room 9-16 hrs. (hourly)				\$27.07			
00404		Observation Room 17-23:59 hrs. (hourly)				66.70			
S9484		<u> </u>				\$6.73			

CODE	MOD	DESCRIPTION	46 Res Rehab	47 Sub Use Center	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
		Crisis Intervention Mental Health Services							
S9485		(per diem) Tier 1				\$347.50			
60405		Crisis Intervention Mental Health Services							
S9485		(per diem) Tier 2 Crisis Intervention Mental Health Services							
S9485		(per diem) Tier 3							
33463		Crisis Intervention Mental Health Services							
S9485		(per diem) Tier 4							
T1013		Oral Interpretive Service (rate per 15 min.)		\$6.99					
T1013	SC	Sign Language Service (rate per 15 min.)		\$9.80					
T1014		Telehealth transmission (per minute)		70.00					
11014		Professional Resource Family Care (PRFC) -							
T1027		Direct Care Staff (per diem)						\$55.55	
		The state of the s						700.00	
		Professional Resource Family Care (PRFC) -							
T1027	UA	therapeutic leave day home (per diem)						\$55.55	
		Professional Resource Family Care (PRFC) -							
T1027	UB	therapuetic leave day psych (per diem)						\$55.55	
		Professional Resource Family Care (PRFC) -							
T1027	UC	therapuetic leave day (per diem)						\$55.55	
		Psychiatric Residential Treatment Facility							
T2033		(PRTF) - Specialty (per diem)							\$313.91
		Psychiatric Residential Treatment Facility							
T2033	UA	(PRTF) - Specialty: TLD:Home (per diem)							\$313.91
T2033	UB	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Psych (per diem)							\$313.91
		Psychiatric Residential Treatment Facility							
		(PRTF) - Specialty: TLD: ICD-Med/Surg (per							
T2033	UC	diem)							\$313.91
T2048		Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty (per diem)							\$295.03
		Psychiatric Residential Treatment Facility							
		(PRTF) - Community Based - Non-Specialty:							
T2048	UA	TLD:Home (per diem)							\$295.03
		Psychiatric Residential Treatment Facility							
		(PRTF) - Community Based - Non-Specialty:							400= 00
T2048	UB	TLD: ICD-Psych (per diem)							\$295.03
		Psychiatric Residential Treatment Facility							
		(PRTF) - Community Based - Non-Specialty:							4
T2048	UC	TLD: ICD-Med/Surg (per diem)							\$295.03
		Acute Inpatient Hospitalization per diem Days							
		1-2 Acute Inpatient Hospitalization per diem Days							
		3-4							
		Acute Inpatient Hospitalization per diem Days		1					
		5-6							
		Acute Inpatient Hospitalization per diem Days							
		7+	<u></u>		<u></u>				<u></u>
		Sub-Acute Inpatient Hospitalization (per							
		diem)							

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
90791		Initial Diagnostic Interview	\$131.01	\$131.01	\$123.15	\$123.15			
90791	GT	Initial Diagnostic Interview (telehealth)	\$131.01	\$131.01	\$123.15	\$123.15			
30731	<u> </u>	Initial Diagnostic Interview (with med	Ψ101.01	ψ101.01	Ψ120.10	Ψ120.13			
90792		services)	\$131.01	\$131.01	\$123.15	\$123.15			
90832		Individual psychotherapy - 30 min.	\$66.55	\$66.55	\$53.29	\$53.29	\$46.59	\$46.59	\$44.59
90832	U2	Individual psychotherapy - 30 min. (PRFC)	\$66.55	\$66.55	\$53.24	\$53.24		\$46.59	\$44.59
90832	U3	Individual psychotherapy - 30 min. (Day Treatment)	\$66.55	\$66.55	\$53.24	\$53.24		\$46.59	\$44.59
		Individual psychotherapy -30 min. (IOP-		-					
90832	U4	Facility)	\$66.55	\$66.55	\$53.24	\$53.24		\$46.59	\$44.59
90832	U5	Individual psychotherapy - 30 min. (IOP- Home based)	\$66.55	\$66.55	\$53.24	\$53.24		\$46.59	\$44.59
90832	U6	Individual psychotherapy - 30 min. (ThGh)	\$66.55	\$66.55	\$53.24	\$53.24		\$46.59	\$44.59
90833		Individual psychotherapy - 30 min. + E/M code	\$59.74	\$59.74	\$41.26	\$41.26			
		Individual psychotherapy - 30 min. + E/M							
90833	GT	code (telehealth)	\$59.74	\$59.74	\$41.88	\$41.88			
90833	U4	Individual psychotherapy - 30 min. (IOP- Facility) + E/M code	\$58.93	\$58.93	\$41.84	\$41.84			
00022	ш	Individual psychotherapy - 30 min. (IOP-	¢50.03	¢50.00	Ć 41 O 4	Ć41 04			
90833 90834	U5	Home based) + E/M code	\$58.93 \$103.36	\$58.93 \$103.36	\$41.84 \$82.69	\$41.84 \$82.69	\$71.32	\$71.32	\$67.18
90634		Individual psychotherapy - 45 min.	\$105.50	\$105.50	302.03	302.09	\$/1.32	3/1.32	307.10
90834	U2	Individual psychotherapy - 45 min. (PRFC)	\$103.36	\$103.36	\$82.69	\$82.69		\$71.32	\$67.18
90834	U3	Individual psychotherapy - 45 min. (Day Treatment)	\$103.36	\$103.36	\$82.69	\$82.69		\$71.32	\$67.18
90834	U4	Individual psychotherapy -45 min. (IOP- Facility)	\$103.36	\$103.36	\$82.69	\$82.69		\$71.32	\$67.18
90834	U5	Individual psychotherapy - 45 min. (IOP- Home based)	\$103.36	\$103.36	\$82.69	\$82.69		\$71.32	\$67.18
90834	U6	Individual psychotherapy - 45 min. (ThGh)	\$103.36	\$103.36	\$82.69	\$82.69		\$71.32	\$67.18
90836		Individual psychotherapy - 45 min. + E/M code	\$110.32	\$110.32	\$71.83	\$71.83			
90836	U4	Individual psychotherapy - 45 min. (IOP- Facility) + E/M code	\$110.57	\$110.57	\$72.98	\$72.98			
90836	ш	Individual psychotherapy - 45 min. (IOP-	\$110.57	\$110.57	\$72.98	\$72.98			
90837	U5	Home based) + E/M code Individual psychotherapy - 60 min.	\$110.57	\$110.57	\$123.31	\$123.31	\$107.89	\$107.89	\$101.73
90837	U2	Individual psychotherapy - 60 min. (PRFC)	\$154.13	\$154.13	\$123.31	\$123.31	\$107.69	\$107.89	\$101.73
90637	02	Individual psychotherapy - 60 min. (Day	\$154.15	\$134.13	\$125.51	\$125.51		\$107.69	\$101.75
90837	U3	Treatment)	\$154.13	\$154.13	\$123.31	\$123.31		\$107.89	\$101.73
90837	U4	Individual psychotherapy - 60 min. (IOP- Facility)	\$154.13	\$154.13	\$123.31	\$123.31		\$107.89	\$101.73
90837	U5	Individual psychotherapy - 60 min. (IOP- Home based)	\$154.13	\$154.13	\$123.31	\$123.31		\$107.89	\$101.73
90837	U6	Individual psychotherapy - 60 min. (ThGh)	\$154.13	\$154.13	\$123.31	\$123.31		\$107.89	\$101.73
90838	<u> </u>	Individual psychotherapy - 60 min. + E/M code	\$122.09	\$122.09	\$97.99	\$97.99		, , , , , ,	,
90838	U4	Individual psychotherapy - 60 min. (IOP- Facility) + E/M code	\$111.85	\$111.85	\$98.43	\$98.43			
90838	U5	Individual psychotherapy - 60 min. (IOP- Home based) + E/M code	\$111.85	\$111.85	\$98.43	\$98.43			
90839		Individual psychotherapy - Crisis (1st hour)	\$124.52	\$124.52	\$99.62	\$99.62	\$85.92	\$85.92	\$82.18

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
90840		Individual psychotherapy - Crisis (additional 30 min./ add to 90839)	\$50.76	\$50.76	\$40.61	\$40.61	\$36.55	\$36.55	\$35.03
90846		Family psychotherapy (w/o client present) - office	\$115.54	\$115.54	\$83.26	\$83.26	\$83.26	\$83.26	\$81.56
		Family psychotherapy (w/o client present) -	4	4	400.00	400.00		400.05	404.50
90846	HA	home based	\$115.54	\$115.54	\$83.26	\$83.26		\$83.26	\$81.56
90846	U2	Family psychotherapy (w/o client present) - PRFC	\$115.54	\$115.54	\$83.26	\$83.26		\$83.26	\$81.56
90846	U3	Family psychotherapy (w/o client present) - Day Treatment	\$115.54	\$115.54	\$83.26	\$83.26		\$83.26	\$81.56
90846	U4	Family psychotherapy (w/o client present) - IOP - Facility based	\$115.54	\$115.54	\$83.26	\$83.26		\$83.26	\$81.56
		Family psychotherapy (w/o client present) -							
90846	U5	IOP - Home based	\$115.54	\$115.54	\$83.26	\$83.26		\$83.26	\$81.56
90846	U6	Family psychotherapy (w/o client present) - ThGh	\$115.54	\$115.54	\$83.26	\$83.26		\$83.26	\$81.56
90847		Family psychotherapy (with client present)	\$122.34	\$122.34	\$96.85	\$96.85	\$84.96	\$84.96	\$81.56
90847	ET	Family psychotherapy (with client present) - Crisis	\$122.34	\$122.34	\$96.85	\$96.85	\$84.96	\$84.96	\$81.56
90847	НА	Family psychotherapy (with client present) - Home based	\$124.04	\$124.04	\$100.25	\$100.25		\$88.36	\$83.26
		Family psychotherapy (with client present) -			•				
90847	U2	PRFC Family psychotherapy (with client present) -	\$122.34	\$122.34	\$96.85	\$96.85		\$84.96	\$84.96
90847	U3	Day Treatment	\$122.34	\$122.34	\$96.85	\$96.85	\$84.96	\$84.96	\$84.96
90847	U4	Family psychotherapy (with client present) - IOP - Facility based	\$122.34	\$122.34	\$96.85	\$96.85		\$84.96	\$81.56
90847	U5	Family psychotherapy (with client present) - IOP - Home based	\$122.34	\$122.34	\$96.85	\$96.85		\$84.96	\$81.56
90847	U6	Family psychotherapy (with client present) - ThGh	\$122.34	\$122.34	\$96.85	\$96.85		\$84.96	\$81.56
90847	U7	Parent Child Interaction Therapy (PCIT)	\$122.34	\$122.34	\$96.85	\$96.85		\$84.96	\$81.56
90847	U8	Child-Parent Psychotherapy (CPP)	\$112.34	\$122.34	\$96.85	\$96.85	\$84.96	\$84.96	\$81.56
90853		Group psychotherapy	\$36.88	\$36.88	\$29.56	\$29.56	\$25.29	\$25.29	\$24.38
90853	U2	Group psychotherapy - PRFC	\$36.88	\$36.88	\$29.56	\$29.56		\$25.29	\$24.68
90853	U3	Group psychotherapy - Day Treatment	\$36.88	\$36.88	\$29.56	\$29.56	\$25.29	\$25.29	\$24.38
90853	U4	Group psychotherapy - IOP - Facility based	\$36.88	\$36.88	\$29.56	\$29.56	\$25.29	\$25.29	\$24.38
90853	U6	Groupt psychotherapy - ThGh	\$36.88	\$36.88	\$29.56	\$29.56		\$25.29	\$24.38
90870		Electroconvulsive Therapy - ECT (Includes Necessary Monitoring)	\$56.15	\$56.15					
90887		Conference regarding client treatment	\$27.65	\$27.65	\$22.28	\$22.28	\$16.92	\$16.92	\$16.51
90887	U5	In-home Conf. regarding client treatment	\$27.65	\$27.65	\$22.70	\$22.70	\$16.92	\$16.92	\$16.51
96101		Psychological Testing - 1 hour							
96101	52	Psychological Testing - 1/2 hour	4			4			
96372		Therapeutic Injection	\$9.70	\$9.70	\$9.70	\$9.70			
99211		Established patient Evaluation/Management - office or outpatient visit	\$31.48	\$31.48	\$28.00	\$28.00			
		Established potient Evaluation /8 farrage	,	+323	+ 20.00	+ =0.00			
99212		Established patient Evaluation/Management - office or outpatient visit (focused)	\$47.41	\$47.41	\$40.25	\$40.25			
J3 L1 L		Established patient Evaluation/Management -	,41.41	41. /+۷	Ş4U.23	ÿ 4 υ.23			
99213		office or outpatient visit (low complexity)	\$62.65	\$62.65	\$53.63	\$53.63			
		Established patient Evaluation/Management - office or outpatient visit (moderate							
99214		complexity)	\$86.08	\$86.08	\$73.20	\$73.20			

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP
99215		Established patient Evaluation/Management - office or outpatient visit (high complexity)	\$86.25	\$86.25	\$73.65	\$73.65			
99221		Initial inpatient hospital care - per day Evaluation/Management (low complexity)	\$48.12	\$48.12	\$40.90	\$40.90			
99222		Initial inpatient hospital care - per day Evaluation/Management (moderate complexity)	\$74.53	\$74.53	\$62.67	\$62.67			
99223		Initial inpatient hospital care - per day Evaluation/Management (high complexity)	\$91.07	\$91.07	\$77.90	\$77.90			
99231		Subsequent inpatient hospital care - per day Evaluation/Management (focused)	\$29.74	\$29.74	\$25.12	\$25.12			
99232		Subsequent inpatient hospital care - per day Evaluation/Management (expanded)	\$44.35	\$44.35	\$37.88	\$37.88			
99233		Subsequent inpatient hospital care - per day Evaluation/Management (detailed)	\$53.13	\$53.13	\$44.66	\$44.66			
99241		Office Consultation outpatient (focused)	\$46.66	\$46.66	\$39.73	\$39.73			
99242		Office Consultation outpatient (expanded)	\$53.66	\$53.66	\$45.81	\$45.81			
99243		Office Consultation outpatient (detailed)	\$88.08	\$88.08	\$74.53	\$74.53			
99244		Office Consultation outpatient (comprehensive - moderate complexity)	\$97.02	\$97.02	\$81.92	\$81.92			
99245 99251		Office Consultation outpatient (comprehensive - high complexity) Inpatient Consultation (focused)	\$96.55 \$49.54	\$96.55 \$49.54	\$81.92 \$42.04	\$81.92 \$42.04			
99252		Inpatient Consultation (rocused)	\$61.67	\$61.67	\$52.66	\$52.66			
99253		Inpatient Consultation (detailed)	\$88.55	\$88.55	\$75.26	\$75.26			
99254		Inpatient Consultation (comprehensive - moderate complexity)	\$103.95	\$103.95	\$88.93	\$88.93			
99255		Inpatient Consultation (comprehensive - high complexity)	\$118.58	\$118.58	\$100.10	\$100.10		4101.51	
H0001		Substance Use Assessment Substance Use Assessment - Addendum	\$221.57	\$221.57	\$184.64	\$184.64		\$184.64	
H0001 H0002	52		\$66.04 \$221.57	\$66.04 \$221.57	\$66.04 \$184.64	\$66.04 \$184.64	\$184.64	\$66.04	\$180.95
H0002	52	Bio-psychosocial Assessment Bio-psychosocial Assessment - Addendum	\$66.04	\$66.04	\$66.04	\$66.04	\$66.04	\$184.64	\$180.95
H0031	АН	Annual Supervision Assessment by Psychologist							
H0031	НО	Initial Diagnostic Interview by LIMHP							
H0031	52	Annual Supervision Assessment by LIMHP							
H1011		Family Assessment	\$70.68	\$70.68	\$70.68	\$70.68	\$70.68	\$70.68	\$68.38
J0400		Injection - Aripiprazole 0.25 mg (Abilify)	\$0.34	\$0.34	\$0.34	\$0.34			
J1630		Injection - Haloperidol - up to 5mg (Haldol)	\$2.26	\$2.26	\$2.26	\$2.26			
J1631		Injection - Haloperidol Decanoate - per 50mg (Haldol Decanoate)	\$3.73	\$3.73	\$3.73	\$3.73			
J2680		Injection - Fluphenazine Decanoate - up to 25mg (Prolixin Decanoate)	\$3.05	\$3.05	\$3.05	\$3.05			
S0166		Injection - Olanzapine 2.5mg (Zyprexa)	\$7.19	\$7.19	\$7.19	\$7.19			

			38 PhD		57 PhD				
CPT Code	Modifier	Description	CAND	39 LIMHP	PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
90791		Initial Diagnostic Interview			\$87.78		\$87.78	\$102.19	
90791	GT	Initial Diagnostic Interview (telehealth)			\$87.78		\$87.78	\$102.19	
		Initial Diagnostic Interview (with med							
90792		services)			\$87.78		\$87.78	\$87.78	
90832		Individual psychotherapy - 30 min.	\$44.59	\$46.59	\$52.58		\$52.58	\$55.24	\$46.59
90832	U2	Individual psychotherapy - 30 min. (PRFC)	\$44.59	\$46.59	\$52.58		\$52.58	\$55.25	\$46.59
90832	U3	Individual psychotherapy - 30 min. (Day Treatment)	\$44.59	\$46.59	\$52.58		\$52.58	\$55.24	\$46.59
		Individual psychotherapy -30 min. (IOP-							
90832	U4	Facility)	\$44.59	\$46.59	\$52.58		\$52.58	\$55.24	\$46.59
90832	U5	Individual psychotherapy - 30 min. (IOP- Home based)	\$44.59	\$46.59	\$52.58		\$52.58	\$55.24	\$46.59
90832	U6	Individual psychotherapy - 30 min. (ThGh)	\$44.59	\$46.59	\$52.58		\$52.58	\$55.24	\$46.59
90833		Individual psychotherapy - 30 min. + E/M code							
90833	GT	Individual psychotherapy - 30 min. + E/M code (telehealth)							
		Individual psychotherapy - 30 min. (IOP-							
90833	U4	Facility) + E/M code Individual psychotherapy - 30 min. (IOP-							
90833	U5	Home based) + E/M code							
90834		Individual psychotherapy - 45 min.	67.18	\$71.32	\$81.66		\$81.66	\$85.79	\$71.32
90834	U2	Individual psychotherapy - 45 min. (PRFC)	\$67.18	\$71.32	\$81.66		\$81.66	\$85.79	\$71.32
90834	U3	Individual psychotherapy - 45 min. (Day Treatment)	\$67.18	\$71.32	\$81.66		\$81.66	\$85.79	\$71.32
90834	03	Individual psychotherapy -45 min. (IOP-	307.18	7/1.32	381.00		\$81.00	Ş63.7 <i>3</i>	\$71.32
90834	U4	Facility)	\$67.18	\$71.32	\$81.66		\$81.66	\$85.79	\$71.32
90834	U5	Individual psychotherapy - 45 min. (IOP- Home based)	\$67.18	\$71.32	\$81.66		\$81.66	\$85.79	\$71.32
90834	U6	Individual psychotherapy - 45 min. (ThGh)	\$67.18	\$71.32	\$81.66		\$81.66	\$85.79	\$71.32
90836		Individual psychotherapy - 45 min. + E/M code							
90836	U4	Individual psychotherapy - 45 min. (IOP- Facility) + E/M code							
		Individual psychotherapy - 45 min. (IOP-							
90836	U5	Home based) + E/M code							
90837		Individual psychotherapy - 60 min.	101.73	\$107.89	\$121.76		\$121.76	\$127.93	\$107.89
90837	U2	Individual psychotherapy - 60 min. (PRFC)	\$101.73	\$107.89	\$121.76		\$121.76	\$127.93	\$107.89
00007	112	Individual psychotherapy - 60 min. (Day	6404 70	6107.00	¢121 70		6124 76	6127.00	ć107.00
90837	U3	Treatment)	\$101.73	\$107.89	\$121.76		\$121.76	\$127.93	\$107.89
90837	U4	Individual psychotherapy - 60 min. (IOP-Facility)	\$101.73	\$107.89	\$121.76		\$121.76	\$127.93	\$107.89
90837	U5	Individual psychotherapy - 60 min. (IOP- Home based)	\$101.73	\$107.89	\$121.76		\$121.76	\$127.93	\$107.89
90837	U6	Individual psychotherapy - 60 min. (ThGh)	\$101.73	\$107.89	\$121.76		\$121.76	\$127.93	\$107.89
90838		Individual psychotherapy - 60 min. + E/M code							
90838	U4	Individual psychotherapy - 60 min. (IOP- Facility) + E/M code							
90838	U5	Individual psychotherapy - 60 min. (IOP- Home based) + E/M code							
90839		Individual psychotherapy - Crisis (1st hour)		\$85.92	\$98.37	\$82.18	\$98.37	\$103.35	\$85.92
50033		1	1	70J.3Z	70.57	702.10	/ د.ن/ر	7103.33	70J.72

CPT Code	Modifier	Description	38 PhD	39 LIMHP	57 PhD	58 PLADC	64 S PhD	67 PhD	78 LADC
		Individual psychotherapy - Crisis (additional	CAND		PROV				
90840		30 min./ add to 90839)		\$40.10	\$40.10	\$35.03	\$40.10	\$42.13	\$36.55
30010		Family psychotherapy (w/o client present) -		ŷ 10.10	ψ 10.10	433.03	ψ 10.10	ψ 12.13	φ30.33
90846		office		\$83.26	\$90.06		\$90.06	\$93.45	\$83.26
		Family psychotherapy (w/o client present) -							
90846	HA	home based	\$83.26	\$83.26	\$90.06		\$90.06	\$93.45	\$83.26
		Family psychotherapy (w/o client present) -		4	4				4
90846	U2	PRFC	\$83.26	\$83.26	\$90.06		\$90.06	\$93.45	\$83.26
90846	U3	Family psychotherapy (w/o client present) - Day Treatment	\$83.26	\$83.26	\$90.06		\$90.06	\$93.45	
30040	03	Family psychotherapy (w/o client present) -	703.20	Ç63.20	390.00		\$30.00	753.43	
90846	U4	IOP - Facility based	\$83.26	\$83.26	\$90.06		\$90.06	\$93.45	\$83.26
		Family psychotherapy (w/o client present) -							-
90846	U5	IOP - Home based	\$83.26	\$83.26	\$90.06		\$90.06	\$93.45	\$83.26
		Family psychotherapy (w/o client present) -							
90846	U6	ThGh	\$83.26	\$83.26	\$90.06		\$90.06	\$93.45	\$83.26
00047		Family psychotherapy (with client present)		604.06	605.45		605.45	6400.25	604.06
90847		Family psychotherapy (with client present) -		\$84.96	\$95.15		\$95.15	\$100.25	\$84.96
90847	ET	Crisis		\$84.96	\$95.15		\$95.15	\$100.25	\$84.96
30047		Family psychotherapy (with client present) -		Ş04.50	755.15		755.15	Ş100.23	704.50
90847	НА	Home based	\$83.26	\$88.36	\$98.55		\$98.55	\$103.65	
		Family psychotherapy (with client present) -	· · · · · · · · · · · · · · · · · · ·		·		·		
90847	U2	PRFC	\$81.56	\$84.96	\$95.15		\$95.15	\$100.25	\$84.96
		Family psychotherapy (with client present) -							
90847	U3	Day Treatment	\$81.56	\$84.96	\$95.15		\$95.15	\$100.25	\$84.96
		Family psychotherapy (with client present) -	40.00	40.00	40- 4-		40= 4=	4400.00	40.00
90847	U4	IOP - Facility based	\$84.96	\$84.96	\$95.15		\$95.15	\$100.25	\$84.96
90847	U5	Family psychotherapy (with client present) - IOP - Home based	\$84.96	\$84.96	\$95.15		\$95.15	\$100.25	\$84.96
30047	03	Family psychotherapy (with client present) -	Ş64.30	Ş64.30	793.13		J93.13	\$100.23	Ş64.30
90847	U6	ThGh	\$84.96	\$84.96	\$95.15		\$95.15	\$100.25	\$84.96
90847	U7	Parent Child Interaction Therapy (PCIT)	\$84.96	\$84.96	\$95.15		\$95.15	\$100.25	\$84.96
90847	U8	Child-Parent Psychotherapy (CPP)		\$84.96	\$95.15		\$95.15	\$100.25	
90853		Group psychotherapy		\$25.29	\$29.56		\$29.26	\$30.78	\$25.29
90853	U2	Group psychotherapy - PRFC	\$25.29	\$25.29	\$29.26		\$29.26	\$30.78	\$25.29
90853	U3	Group psychotherapy - Day Treatment	\$25.29	\$25.29	\$29.26		\$29.26	\$30.78	\$25.29
90853	U4	Group psychotherapy - IOP - Facility based	\$25.29	\$25.29	\$29.56		\$29.26	\$30.78	\$25.29
90853	U6	Groupt psychotherapy - ThGh	\$25.29	\$25.29	\$29.56		\$29.26	\$30.78	\$25.29
30033	- 00	Electroconvulsive Therapy - ECT (Includes	723.23	723.23	Ç23.30		723.20	730.70	723.23
90870		Necessary Monitoring)							
90887		Conference regarding client treatment		\$16.92	\$16.51		\$22.70	\$22.70	\$16.92
90887	U5	In-home Conf. regarding client treatment		\$16.92	\$16.51		\$22.70	\$22.70	\$16.51
96101		Psychological Testing - 1 hour		,	\$88.16			\$90.14	. ::
96101	52	Psychological Testing - 1/2 hour			\$43.58			\$45.07	
96372		Therapeutic Injection							
		 Established patient Evaluation/Management -							
00344		office or outpatient visit							
99211		·							
		Established patient Evaluation/Management -							
99212		office or outpatient visit (focused)							
		Established patient Evaluation/Management -							
99213		office or outpatient visit (low complexity)							
,		Established patient Evaluation/Management -							
		office or outpatient visit (moderate							
99214		complexity)							

CPT Code	Modifier	Description	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
99215		Established patient Evaluation/Management - office or outpatient visit (high complexity)							
99221		Initial inpatient hospital care - per day Evaluation/Management (low complexity)							
99222		Initial inpatient hospital care - per day Evaluation/Management (moderate complexity)							
99223		Initial inpatient hospital care - per day Evaluation/Management (high complexity)							
99231		Subsequent inpatient hospital care - per day Evaluation/Management (focused)							
99232		Subsequent inpatient hospital care - per day Evaluation/Management (expanded)							
99233		Subsequent inpatient hospital care - per day Evaluation/Management (detailed)							
99241		Office Consultation outpatient (focused)							
99242		Office Consultation outpatient (expanded)							
99243		Office Consultation outpatient (detailed)							
99244		Office Consultation outpatient (comprehensive - moderate complexity)							
99245		Office Consultation outpatient (comprehensive - high complexity)							
99251		Inpatient Consultation (focused)							
99252		Inpatient Consultation (expanded)							
99253 99254		Inpatient Consultation (detailed) Inpatient Consultation (comprehensive - moderate complexity)							
99255		Inpatient Consultation (comprehensive - high complexity)							
H0001		Substance Use Assessment		\$184.64	\$216.03		\$216.03	\$221.57	\$184.64
H0001	52	Substance Use Assessment - Addendum		\$66.04	\$64.71		\$64.71	\$66.04	\$66.04
H0002		Bio-psychosocial Assessment Bio-psychosocial Assessment - Addendum		\$184.64	\$216.03		\$216.03	\$221.57	
H0002	52	Annual Supervision Assessment by		\$66.04	\$64.71		\$64.71	\$66.04	
H0031 H0031	AH HO	Psychologist Initial Diagnostic Interview by LIMHP		\$79.24				\$82.23	
H0031	52	Annual Supervision Assessment by LIMHP		\$60.81					
H1011	32	Family Assessment		\$70.68	\$68.38		\$68.38	\$70.68	
J0400		Injection - Aripiprazole 0.25 mg (Abilify)		7.0.00	700.00		7.00.00	Ţ. 0.00	
J1630		Injection - Haloperidol - up to 5mg (Haldol)							
J1631		Injection - Haloperidol Decanoate - per 50mg (Haldol Decanoate)							
J2680		Injection - Fluphenazine Decanoate - up to 25mg (Prolixin Decanoate)							
S0166		Injection - Olanzapine 2.5mg (Zyprexa)							

CODE	MOD	DESCRIPTION	10	12 Hosp	13 Prof	14 Home	35 MH Home	41 Assert	44 Comm
CODE	IVIOD		Hospital	Clinic	Clinic	Health	Health	Comm	Suppt
00046		Family psychotherapy (w/o client present) -							
90846	U3	Day Treatment Electroconvulsive Therapy - ECT (Includes							
90870		Necessary Monitoring)	\$110.48						
96372		Therapeutic Injection	\$110.48	\$9.70	\$9.70				
90372		Community Treatment Aide (CTA) (per 15	\$9.70	\$9.70	\$9.70				
H0036		min.)		\$11.20	\$11.20		\$11.20		
110030		Assertive Community Treatment Program		Ş11.20	711.20		Ş11.20		
H0040		(ACT) - (MRO) (per diem)						\$44.49	
1.0010		(i.i.e.) (iiiie) (per elelli)						ψσ	
		(Alternate) Assertive Community Treatment							
H0040	52	Program (ACT) - (MRO) (per diem)						\$41.80	
		Comprehensive Multidisciplinary Evaluation							
H2000		(CCAA)		\$1,004.73	\$1,004.73				
		Partial Hospitalization - minimum 6 units (per							
H2012		hour rate)	\$42.46						
		Partial Hospitalization - maximum 3 units (per							
H2012	52	hour rate)	\$42.14						
		Psychiatric Residential Treatment Facility							
H2013		(PRTF) Hospital- Based (per diem)	\$398.38						
112040		Psychiatric Residential Treatment Facility	4200 20						
H2013	UA	(PRTF) Hospital- Based: TLD:Home (per diem)	\$398.38						
		(PRTF) Hospital- Based: TLD: ICD-Psych (per	4000.00						
H2013	UB	diem)	\$398.38						
		Psychiatric Residential Treatment Facility							
H2012	IIC.	(PRTF) Hospital- Based: TLD: ICD-Med/Surg (per diem)	¢200.20						
H2013	UC	Intensive Outpatient (IOP) - Direct Care Staff	\$398.38						
H2014		(rate per 15 min.)		\$7.09	\$7.09				
112014		Community Support Services - mental health -		\$7.09	\$7.03				
H2015	HE	(MRO) (rate per 15 min.)							\$20.75
		Day Rehabilitation Services - (MRO) -							Ψ20.75
H2017		minimum 12 units - (rate per 15 min.)							
		Day Rehabilitation Services - full day - (MRO) -							
H2018		(per diem)							
		Secure Residential Rehabilitation Services -							
H2018	НК	(MRO) - (per diem)							
		Residential Rehabilitation Services - (MRO) -							
H2018	TG	(per diem)							
H2020		Therapeutic Group Home (ThGH) (per diem)						ļ	
		Therapeutic Group Home (ThGH): TLD: Home							
H2020	UA	(per diem)							
112025		Therapeutic Group Home (ThGH): TLD: ICD-							
H2020	UB	Psych (per diem)						1	
H2020	110	Therapeutic Group Home (ThGH): TLD: ICD-							
H2020	UC	Med/Surg (per diem) Day Treatment - Direct Care Staff (rate per 15						-	
H2027		min unit)							
11202/	 	inin antij							
J0400		Injection - Aripiprazole 0.25 mg (Abilify)	\$0.34						
				4	A				
J1630		Injection - Haloperidol - up to 5mg (Haldol)	\$2.26	\$2.26	\$2.26				
14.004		Injection - Haloperidol Decanoate - per 50mg	60.70	60.70	60.70				
J1631		(Haldol Decanoate)	\$3.73	\$3.73	\$3.73			1	
12600		Injection - Fluphenazine Decanoate - up to 25mg (Prolixin Decanoate)	ć2 OF	¢2.05					
J2680 S0166		Injection - Olanzapine 2.5mg (Zyprexa)	\$3.05 \$7.19	\$3.05 \$7.19	\$7.19				
20100	<u> </u>	Impedion - Gianzapine 2.5mg (Zyprexa)	77.19	97.19	٦/.19	ı		1	L

CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	35 MH Home Health	41 Assert Comm	44 Comm Suppt
J2426		Paliperidone Palmitate 1mg (Invega) by Invoice							
J2315		Naltrexone Depot 1mg (Vivitrol) Invoice							
J2794		Risperidone, 0.5mg (Risperdal Consta) Invoice							
T1014		Telehealth transmission (per minute)	\$ 0.08	\$ 0.08	\$ 0.08				
T1027		Professional Resource Family Care (PRFC) - Direct Care Staff (per diem)							
T1027	UA	Professional Resource Family Care (PRFC) - therapeutic leave day home (per diem)							
T1027	UB	Professional Resource Family Care (PRFC) - therapuetic leave day psych (per diem)							
T1027	UC	Professional Resource Family Care (PRFC) - therapuetic leave day (per diem)							
T2033		Psychiatric Residential Treatment Facility (PRTF) - Specialty (per diem)							
T2033	UA	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD:Home (per diem)							
T2033	UB	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Psych (per diem)							
T2033	UC	Psychiatric Residential Treatment Facility (PRTF) - Specialty: TLD: ICD-Med/Surg (per diem)							
T2048		Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty (per diem)							
T2048	UA	Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty: TLD:Home (per diem)							
T2048	UB	Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty: TLD: ICD-Psych (per diem)							
T2048	UC	Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty: TLD: ICD-Med/Surg (per diem)							

			ī		1		1	ı	ı	
			45 Day	46 Res	47 Sub	77 Day	79 Treat			
CODE	MOD	DESCRIPTION	Rehab	Rehab	Use	Treat	Crisis	81 ThGh	86 PRFC	87 PRTF
					Center					ļ
		Family psychotherapy (w/o client present) -								
90846	U3	Day Treatment				\$83.26				
		Electroconvulsive Therapy - ECT (Includes								
90870		Necessary Monitoring)	40 =0	40.00	40.00					
96372		Therapeutic Injection	\$9.70	\$9.70	\$9.70					
		Community Treatment Aide (CTA) (per 15								
H0036		min.)								<u> </u>
		Assertive Community Treatment Program								
H0040		(ACT) - (MRO) (per diem)								
		(4)								
110040		(Alternate) Assertive Community Treatment								
H0040	52	Program (ACT) - (MRO) (per diem)								
112000		Comprehensive Multidisciplinary Evaluation								
H2000		(CCAA) Partial Hospitalization - minimum 6 units (per								
H2012						¢42.46				
H2012		hour rate)				\$42.46				ļ
H2012	E 2	Partial Hospitalization - maximum 3 units (per				\$42.14				
H2012	52	hour rate)				\$42.14				
		Psychiatric Residential Treatment Facility								
H2013		(PRTF) Hospital- Based (per diem)								
П2013		(PKTF) Hospital- Based (per dietil)								-
		Psychiatric Residential Treatment Facility								
H2013	UA	(PRTF) Hospital- Based: TLD:Home (per diem)								
112013	07	(PRTF) Hospital- Based: TLD: ICD-Psych (per								
H2013	UB	diem)								
112013	OB	Psychiatric Residential Treatment Facility								
		(PRTF) Hospital- Based: TLD: ICD-Med/Surg								
H2013	UC	(per diem)								
112013	UC	Intensive Outpatient (IOP) - Direct Care Staff								
H2014		(rate per 15 min.)								
112011		Community Support Services - mental health -								
H2015	HE	(MRO) (rate per 15 min.)								
		Day Rehabilitation Services - (MRO) -								
H2017		minimum 12 units - (rate per 15 min.)	\$2.26							
		Day Rehabilitation Services - full day - (MRO) -	,							
H2018		(per diem)	\$5430							
		Secure Residential Rehabilitation Services -								
H2018	НК	(MRO) - (per diem)		\$336.91						
		Residential Rehabilitation Services - (MRO) -								
H2018	TG	(per diem)		\$111.08						
H2020		Therapeutic Group Home (ThGH) (per diem)						\$158.87	<u></u>	
		Therapeutic Group Home (ThGH): TLD: Home								
H2020	UA	(per diem)								
		Therapeutic Group Home (ThGH): TLD: ICD-								
H2020	UB	Psych (per diem)						<u></u>	<u></u>	
		Therapeutic Group Home (ThGH): TLD: ICD-			-	-	-			
H2020	UC	Med/Surg (per diem)								
		Day Treatment - Direct Care Staff (rate per 15								
H2027		min unit)				\$10.98				
J0400		Injection - Aripiprazole 0.25 mg (Abilify)								
J1630		Injection - Haloperidol - up to 5mg (Haldol)								
11000		Injection - Haloperidol Decanoate - per 50mg								
J1631		(Haldol Decanoate)								
11331		Injection - Fluphenazine Decanoate - up to								
J2680		25mg (Prolixin Decanoate)								
S0166		Injection - Olanzapine 2.5mg (Zyprexa)								
23100		,						l	l	

CODE	MOD	DESCRIPTION	45 Day Rehab	46 Res Rehab	47 Sub Use Center	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
12.426		Paliperidone Palmitate 1mg (Invega) by Invoice								
J2426 J2315		Naltrexone Depot 1mg (Vivitrol) Invoice								
32313		Training Control of Traini								
J2794		Risperidone, 0.5mg (Risperdal Consta) Invoice								
T1014		Telehealth transmission (per minute)								
		Professional Resource Family Care (PRFC) -								
T1027		Direct Care Staff (per diem)							\$55.80	
		Professional Resource Family Care (PRFC) -								
T1027	UA	therapeutic leave day home (per diem)							\$55.80	
		Professional Resource Family Care (PRFC) -								
T1027	UB	therapuetic leave day psych (per diem)							\$55.80	
		Professional Resource Family Care (PRFC) -								
T1027	UC	therapuetic leave day (per diem)							\$55.80	
		Psychiatric Residential Treatment Facility								
T2033		(PRTF) - Specialty (per diem)								\$315.35
		Psychiatric Residential Treatment Facility								
T2033	UA	(PRTF) - Specialty: TLD:Home (per diem)								\$315.35
		Psychiatric Residential Treatment Facility								
T2033	UB	(PRTF) - Specialty: TLD: ICD-Psych (per diem)								\$315.35
		Psychiatric Residential Treatment Facility								
		(PRTF) - Specialty: TLD: ICD-Med/Surg (per								
T2033	UC	diem)								\$315.35
		Psychiatric Residential Treatment Facility								
		(PRTF) - Community Based - Non-Specialty								400000
T2048		(per diem)								\$296.38
		Psychiatric Residential Treatment Facility (PRTF) - Community Based - Non-Specialty:				1				
T2048	UA	TLD:Home (per diem)				1				\$296.38
12040	3/1	Psychiatric Residential Treatment Facility				1				Ç250.50
		(PRTF) - Community Based - Non-Specialty:				1				
T2048	UB	TLD: ICD-Psych (per diem)							<u> </u>	\$296.38
		Psychiatric Residential Treatment Facility				1				
		(PRTF) - Community Based - Non-Specialty:								405
T2048	UC	TLD: ICD-Med/Surg (per diem)		1	ĺ			1		\$296.38